

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

FEB 15 2018

Bayfield Co. Zoning Dept.

ENTERED

| | |
|--------------|---------------|
| Permit #: | 18-0035 |
| Date: | 3-5-18 |
| Amount Paid: | \$865 2-19-18 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | |
|---|--|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | |
| Owner's Name: <u>PETER RACHER & SARAH BINFORD</u> | |
| Mailing Address: <u>4165 PENNSYLVANIA ST</u> | |
| City/State/Zip: <u>INDIANAPOLIS, IN 46205</u> | |
| Telephone: _____ | |
| Address of Property: <u>44670 W. CABLE LAKE RD</u> | |
| City/State/Zip: <u>CABLE, WI 54821</u> | |
| Cell Phone: <u>317.752.6725</u> | |
| Contractor: <u>HILL CONSTRUCTION, LLC</u> | |
| Contractor Phone: <u>715.201.9299</u> | |
| Plumber: <u>LATON PLUMBING</u> | |
| Plumber Phone: <u>715.558.2893</u> | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | |
| Agent Phone: _____ | |
| Agent Mailing Address (include City/State/Zip): _____ | |
| Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PROJECT LOCATION | Legal Description: (Use Tax Statement) |
| Tax ID# (4-5 digits) <u>9360</u> | |
| Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>2012 R-54395 108892</u> | |
| _____ 1/4, _____ 1/4 | Gov't Lot <u>6</u> Lot(s) _____ CSM _____ Vol. & Page <u>1083 92-7250</u> Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ |
| NE Section <u>12</u> , Township <u>43</u> N, Range <u>08</u> W | |
| Town of: <u>CABLE</u> | |
| Lot Size _____ Acreage <u>3</u> | |

| | | | | |
|---|---|---|---|---|
| <input checked="" type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : <u>75</u> feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
|--|---|--|--|---------------------------------------|---|--|
| \$ <u>288,569</u> | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>TANK</u> | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing bldg) | <input checked="" type="checkbox"/> Basement | | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> Foundation | | | <input type="checkbox"/> Compost Toilet | |
| | | | | | <input type="checkbox"/> None | |

| | | | |
|---|--------------------|-------------------|-----------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: <u>36'</u> | Width: <u>26'</u> | Height: <u>24'-9"</u> |
| Proposed Construction: | Length: <u>12'</u> | Width: <u>14'</u> | Height: <u>14'-6"</u> |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|---------------|---------------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2 nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2 nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) | (X) | |
| | <input checked="" type="checkbox"/> | Addition/Alteration (specify) <u>14'x12' ADDITION TO EXISTING DWELLING</u> | (14' x 12') | <u>168 EA FLOOR</u> |
| | <input type="checkbox"/> | Accessory Building (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Sarah Binford David Racher Date 2-13-2018
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

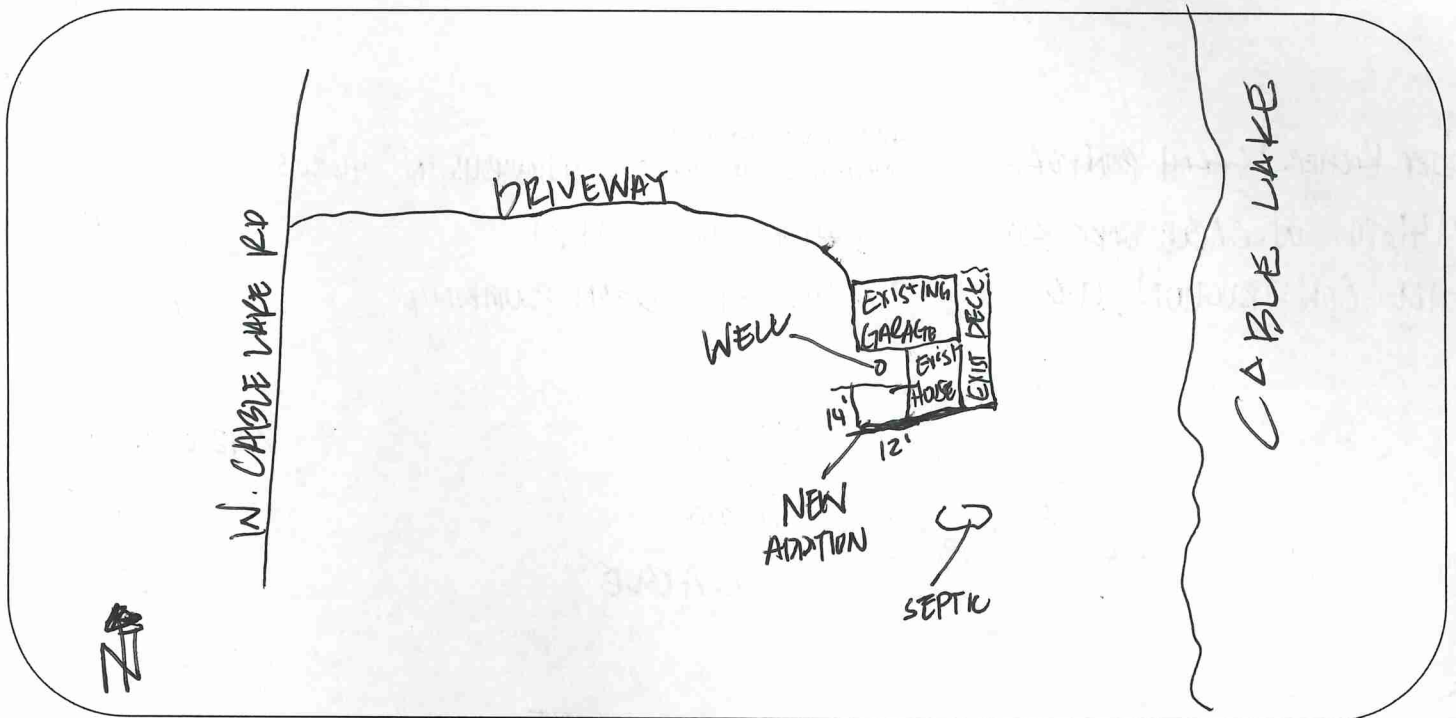
Address to send permit HILL CONSTRUCTION, LLC - 15900 US HWY 63 Hayward, WI 54843 PH 715. 558-2964
Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

WHAT IS THE ADDITION + NEED SEPTIC INFO

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | 1190 Feet | Setback from the Lake (ordinary high-water mark) | 4075 Feet |
| Setback from the Established Right-of-Way | 1150 Feet | Setback from the River, Stream, Creek | Feet |
| | | Setback from the Bank or Bluff | Feet |
| Setback from the North Lot Line | 50 Feet | | |
| Setback from the South Lot Line | 230 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 90 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 75 Feet | Elevation of Floodplain | Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | 20 Feet | Setback to Well | 10 Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | |
|---|---|---|---|--|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: 18288 | # of bedrooms: 2 | Sanitary Date: 1-15-79 | | |
| Permit Denied (Date): | | Reason for Denial: | | | | |
| Permit #: 18-0035 | | Permit Date: 3-5-18 | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | | | |
| Was Parcel Legally Created | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Were Property Lines Represented by Owner | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Was Proposed Building Site Delineated | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Was Property Surveyed | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Inspection Record: Mitigation of Veg look to be in good condition Down spouts hooked up to drain tile 2/27/18 | | | | Zoning District (A-1) | | |
| Date of Inspection: 2/27/18 | | | | Lakes Classification (2) | | |
| Inspected by: [Signature] | | | | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) | | | | | | |
| Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks. | | | | | | |
| Signature of Inspector: [Signature] | | | | Date of Approval: 2/28/18 | | |
| Hold For Sanitary: <input type="checkbox"/> | | Hold For TBA: <input type="checkbox"/> | | Hold For Affidavit: <input type="checkbox"/> | | |
| Hold For Fees: <input type="checkbox"/> | | | | | | |

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

City, Village, State or Federal
Also Be Required
AND USE - **X**
SANITARY - **18288 (1/15/1979)**
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

No. **18-0035** Issued To: **Peter Racher & Sarah Binford**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **12** Township **43** N. Range **8** W. Town of **Cable**

Par in

Gov't Lot **6** Lot Block Subdivision CSM#

For: **Residential Addition / Alteration: [1- Story; Addition (14' x 12') = 168 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found

to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

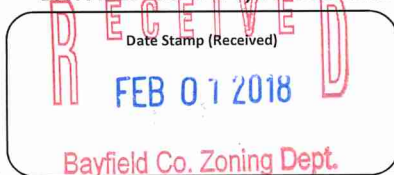
Authorized Issuing Official

March 5, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



| | |
|------------------|------------|
| Permit #: | 18-0041 |
| ENTERED Date: | 3-5-18 |
| Amount Paid: | \$17500-18 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | |
|---|-----------------------------------|---|---|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: Town of Cable | Mailing Address: PO Box 476 | City/State/Zip: Cable, WI 54821 | Telephone: 715-798-3584 |
| Address of Property: 14450 Perry Lake Road | City/State/Zip: Cable WI 54821 | | Cell Phone: 715-580-0161 |
| Contractor: Self | Contractor Phone: 798-3584 | Plumber: NA | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) Bob Lang | Agent Phone: 798-3584 | Agent Mailing Address (include City/State/Zip): PO Box 476 Cable | Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT LOCATION Legal Description: (Use Tax Statement) | Tax ID# 8777 | Recorded Document: (i.e. Property Ownership) | |
| 1/4, 1/4 | Gov't Lot 6 | Lot(s) CSM Vol & Page V201P263 | Lot(s) No. Block(s) No. Subdivision: |
| Section 17, Township 43 N, Range 7 W | | Town of: Cable | Acreage 2.00 |

| | | | | |
|---|--|-----------------|---|--|
| <input checked="" type="checkbox"/> Shoreland → | <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance N/A | Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance N/A | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
|--|--|--|---|--|--|---|
| \$ N/A | <input type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | _____ | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input checked="" type="checkbox"/> N/A |
| | <input type="checkbox"/> Relocate (existing bldg) | <input checked="" type="checkbox"/> N/A | _____ | <input type="checkbox"/> Privy (Pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon) | | |
| | <input type="checkbox"/> Run a Business on Property | _____ | <input type="checkbox"/> Use | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input checked="" type="checkbox"/> Shoreland Fill & Grade | <input checked="" type="checkbox"/> Year Round | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Compost Toilet | | |
| | | | | <input type="checkbox"/> None | | |

| | | | |
|---|---------------------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: 7,200 sq ft | Width: | Height: |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|------------|----------------|
| <input type="checkbox"/> Residential Use MAR 05 2018 Rec'd for Issuance | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| | | with a Deck | (X) | |
| | | with (2nd) Deck | (X) | |
| <input type="checkbox"/> Commercial Use MAR 06 2018 Rec'd for Issuance | | with Attached Garage | (X) | |
| | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| <input checked="" type="checkbox"/> Municipal Use Secretarial Staff | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input checked="" type="checkbox"/> | Other: (explain) Shoreland, Fill & Grade | (X) | 7,200 |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

Authorized Agent: Bob Lang
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 1-19-2018

Address to send permit PO Box 476 Cable WI 54821

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

MISSING ALL PROJECT INFO & SETBACKS.

Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
- (4) Show: **All Existing Structures** on your Property
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Maps

1,225 - regrade by lambing - No Parking
1,100 - widen driveway N. loop
1,800 - widen shoulder to access
3,040 - New Parking Area

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| | | Setback from the Bank or Bluff | Feet |
| Setback from the North Lot Line | Feet | | |
| Setback from the South Lot Line | Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | Feet | 20% Slope Area on the property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | Feet | Elevation of Floodplain | Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

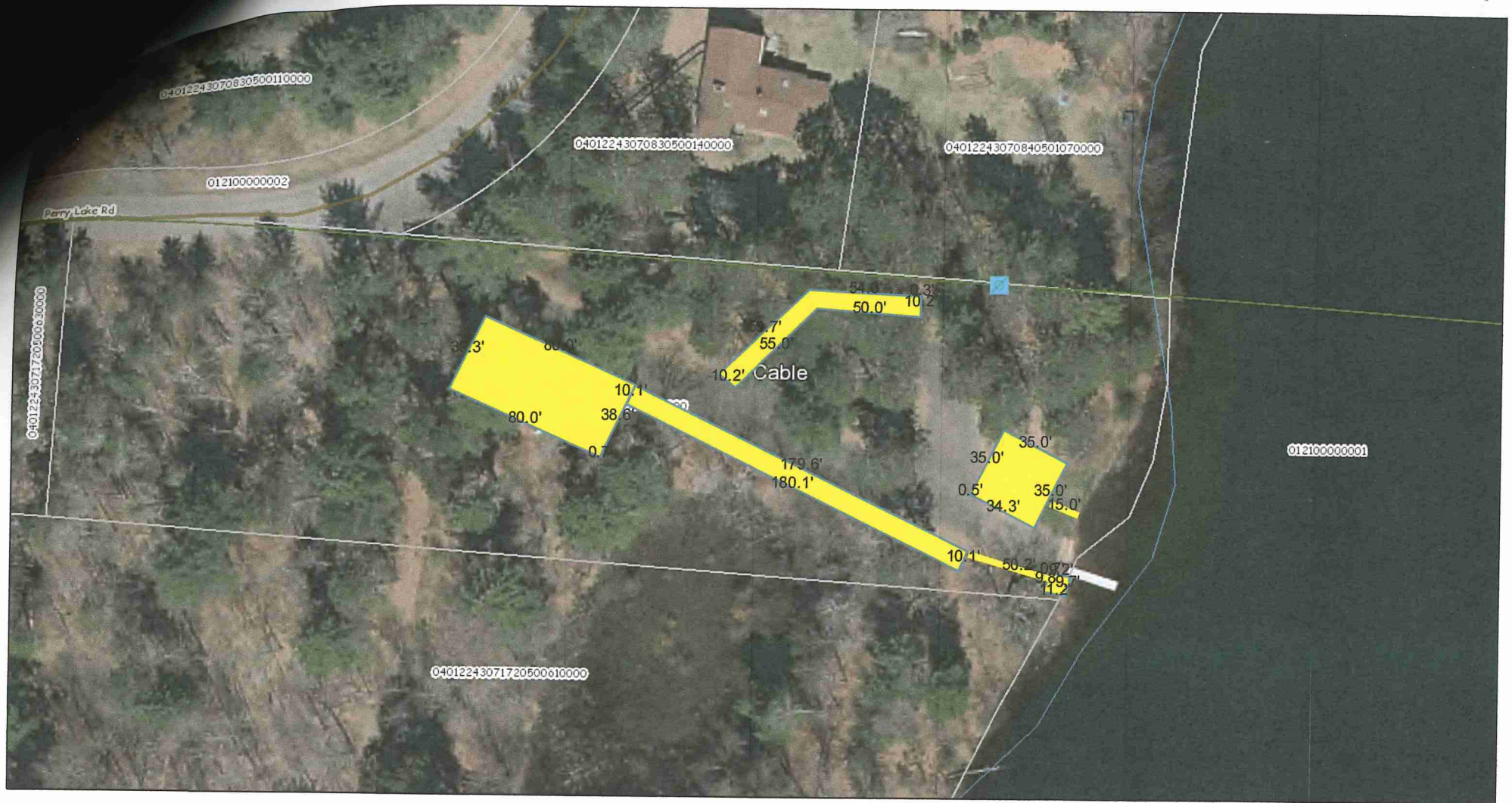
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | |
|--|---|---|---|--------------------------|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: | |
| Permit Denied (Date): | | Reason for Denial: | | | |
| Permit #: 18-0041 | | Permit Date: 3-5-18 | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Inspection Record: | | Zoning District (A-1) Lakes Classification (3) | | | |
| Date of Inspection: 1-24-18 | Inspected by: [Signature] | | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) | | | | | |
| Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. | | | | | |
| Signature of Inspector: [Signature] | | Date of Approval: 3/5/18 | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> | |

Bayfield County Web AppBuilder



January 19, 2018

Corner Tie Sheets

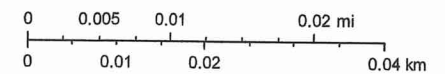
- Section Corner Monument on File
- Section Corner Monument Referenced on Survey

Survey Maps

- UnRecorded Map

- | | | |
|--------------|-----------------------------|--------------------|
| Recorded Map | State | Tie Lines |
| All Roads | Town | Rivers |
| CFR | Municipal Boundary | Douglas Co Parcels |
| County | Section Lines | Ashland Co Parcels |
| Federal | Approximate Parcel Boundary | |
| Private | Meander Lines | |

1:548



City, village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0041** Issued To: **Town of Cable / Bob Lang, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **17** Township **43** N. Range **7** W. Town of **Cable**

Part in

Gov't Lot **6** Lot Block Subdivision CSM#

For: **Municipal Other: [Shoreland Grading = 7,200 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

March 6, 2018

Date